



Industry Leader in Claim Audits

Nationwide Coverage

# NATIONAL INSURERS AUDIT BUREAU INC.

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FEDERAL TAX ID #22-3097979

DATE: \_\_\_\_\_

NIAB FILE #CCT CTG \_\_\_\_\_

TIME: \_\_\_\_\_

FROM/TO  
COMPANY: \_\_\_\_\_

SENDER: \_\_\_\_\_

OFFICE: \_\_\_\_\_

FAX#: \_\_\_\_\_

( )

THIS COVER SHEET IS PAGE 1 OF \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

INSURED'S NAME \_\_\_\_\_ BODY SHOP # \_\_\_\_\_

CLAIMANT'S NAME \_\_\_\_\_

CLAIM NUMBER \_\_\_\_\_

- AGREED FIGURE REQUESTED
- REVIEW ESTIMATE ONLY
- PROPERTY REVIEW
- SUBROGATION REVIEW
- PLEASE E-MAIL AUDIT

VIN NUMBER \_\_\_\_\_

YEAR: \_\_\_\_\_

MAKE: \_\_\_\_\_

MODEL: \_\_\_\_\_

BODY STYLE: \_\_\_\_\_

TYPE OF LOSS: COLL  COMP  LIAB

DATE OF LOSS: \_\_\_\_\_

REMARKS: \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE: FOR NIAB USE ONLY**

APPROXIMATE DAYS TO REPAIR \_\_\_\_\_

APPRAISAL FAXED TO SHOP YES  NO

ORIGINAL ESTIMATE :\$ \_\_\_\_\_

REVISED ESTIMATE :\$ \_\_\_\_\_

BETTERMENT :\$ \_\_\_\_\_

NET LOSS :\$ \_\_\_\_\_

AGREED FIGURE OF \$ \_\_\_\_\_ WITH \_\_\_\_\_

OF \_\_\_\_\_ ON \_\_\_\_\_ AT \_\_\_\_\_

REMARKS: \_\_\_\_\_

SERVICE FEE:

\$ \_\_\_\_\_

**PAYMENT DUE  
UPON RECEIPT**

BILLING # \_\_\_\_\_